



## Union Membership Verification Form

To be eligible for **Western Governors University's Union Plus benefits**, this form must be completed and submitted during your enrollment process.

Please complete, sign, and provide this form to your local union so that a union representative can verify your membership. Once all sections of this form are completed, please send a copy of this document along with your full name, date of birth, and email address to: **discounts@wgu.edu**.

### Union Member Eligibility

I, \_\_\_\_\_ verify I have been a member in good standing  
of \_\_\_\_\_ Local # \_\_\_\_\_ since \_\_\_\_\_.  
(Name of Union) (Month/Year)

AFSCME Union Members Only. Complete these 3 fields:

Council \_\_\_\_\_, Local # \_\_\_\_\_ AFSCME Member ID#\* \_\_\_\_\_.

\*Don't know your AFSCME ID number? You can refer to your AFSCME member card, contact Member Services at 855-237-2631, or look up your AFSCME member ID at <https://enterprise.afscme.org/MemberApp/>

I understand if I voluntarily leave the union, not as a result of layoff, union-sanctioned strike or lock-out, I and any eligible family members will no longer be eligible for these benefits.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Union member's current street address, city, zip code)

### Family Member Eligibility

*Complete this section only for eligible family members that seek to enroll at WGU.* (Benefit eligible family members include: children/stepchildren, grandchildren/step-grandchildren, spouses, domestic partners, financial dependents, siblings and parents, including in-laws.)

I, \_\_\_\_\_, verify \_\_\_\_\_  
(Union Member's Name) (Name of WGU student)

is my \_\_\_\_\_.  
(Relationship to you)

\_\_\_\_\_  
(Signature) (Date)



### Attention Local Union Representative

Please complete this section promptly and return this form to the union member/applicant. This form is required for the union member or their family member to qualify for Union Plus benefits at **Western Governors University**.

I verify the information supplied by the union member, whose name and signature appear on this form, is true and complete to the best of my knowledge.

\_\_\_\_\_  
(Signature of local union representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name of local union representative)

\_\_\_\_\_  
(Phone Number)

### Local Union Information

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Local Union President's Name)